

FY22 ANNUAL REPORT

Advancing Health Equity



JULY 1, 2021 - JUNE 30, 2022





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A MESSAGE FROM OUR DIRECTOR



Dear Linn County Neighbor:

Yet another year has passed and your health department, Linn County Public Health (LCPH), remains the cornerstone in protecting the public's health in Linn County.

Although the pandemic is still with us, we have renewed our focus on delivering our regular public health services such as food safety, air quality, water and septic, lead poisoning prevention among our children, infectious disease prevention and treatment, and immunization. In addition, LCPH has also served hundreds of refugees and immigrants.

Over the years, your health department has created a robust and equitable local public health system which provides the foundation of healthy and safe communities, and is capable of responding to emerging health events such as a pandemic. Your health department aims each day to promote and protect the health of all Linn County residents and visitors through prevention, education, treatment, response, regulation, and innovation.

To advance our public health goals, we have envisioned bold strategies that build organizational capacity and infrastructure and fulfill our role as a governmental public health agency. Toward that goal, LCPH has added several new positions including Deputy Director, Health Equity Program Manager, Communications Specialist, Account Technician and upgraded existing positions to create an Office Manager, a Senior Environmental Chemist, and two Senior Public Health nurses.

During the fiscal year 2021-2022 we worked with the University of Iowa College of Public Health to develop a Memorandum of Understanding (MOU) to establish LCPH as an Academic Health Department. The MOU provides LCPH an opportunity to work with the College of Public Health on multiple public health related issues mutually beneficial to both agencies.

In order to address the health disparities in Linn County, LCPH is pleased to have established an office of health equity this past year. Creation of this office was, in part, a response to the Board of Health's position statement from summer of 2020, which declared racism to be a public health crisis. An initial priority was workforce education, presented as the Building Health Equity series, which was launched in June 2022. LCPH conducted a three-month training series with the help of the University of Iowa College of Public Health.

We will continue to track and monitor the health of vulnerable communities in Linn County and connect these populations with the available social, cultural, health, and medical resources.



In addition, we will foster strategic community partnerships to engage in social justice and cultivate a culture of shared ownership of health equity.

In order to address the social drivers of health (housing, transportation, healthcare, mental health, education, etc.), My Care Community, the initiative which began in 2016, will continue to assist our communities. My Care Community continues to grow each year and is now using a new technology platform called Unite Us for enhanced care coordination.

This fiscal year, LCPH was one of only eight recipients nationwide to receive grant funding from The Centers for Disease Control Prevention to help prevent youth violence. LCPH will receive \$1.25 million over five years to implement prevention strategies aligned with the work of ReSET CR and the Together! Healthy Linn strategic area of Prevention of Gun Violence.

LCPH recently led an innovative, collaborative program that established Harm Reduction Lock Boxes for individuals in our community who inject drugs. The goals behind this initiative are to: 1) reduce transmission risk of HIV and HCV (Hepatitis C Virus) by providing safer injecting practice; 2) provide information on Naloxone (medicine designed to rapidly reverse opioid overdose); 3) provide information on substance abuse treatment options; and 4) increase proper disposal of sharps to keep our community safer.

Public health is a team sport, which requires not only the dedication of all my colleagues here at Linn County Public Health, but also partnership with the Linn County community. Collaboration and partnership with cities and towns, healthcare providers, non-profit organizations, schools and businesses remain vital to our work. I am deeply grateful to my colleagues and our community partners.

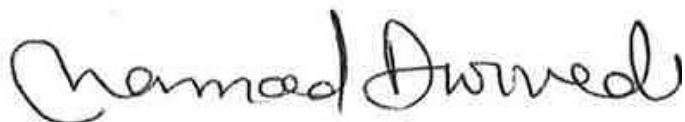
LCPH also received its national reaccreditation this year. (We were the first health department in Iowa to receive this national recognition in 2015.)

We are not done with the virus, SARS-CoV; therefore, we will continue to urge our neighbors to get vaccinated and boosted and continue to follow other mitigation strategies such as masking, physical distancing, and washing hands to keep this virus at bay.

Your health department remains committed to its mission of promoting and protecting health of all in Linn County and is proud to stand for science, compassion, equity, and justice.

Thank you for all your help and support during these challenging times.

Sincerely,

A handwritten signature in black ink, reading "Pramod Dwivedi". The signature is written in a cursive, flowing style.

Pramod Dwivedi, DrPH, MS

OUR STRUCTURE



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MEET OUR TEAM



Linn County Public Health would like to recognize the staff who have worked to make Linn County a healthier place to live, work, and play. The agency also supported students from Coe College, University of Illinois—Chicago, and University of Iowa College of Public Health.

Lynne Abbott	<i>Public Health Program Planner</i>	Tricia Kitzmann	<i>Community Health Manager</i>
Denise Allison	<i>Account Technician</i>	Mary Lukes	<i>Account Technician</i>
JoEllen Bridgewater	<i>Community Health Care Coordinator</i>	Kursten Lyon	<i>HIV/HCT/STI Outreach Coordinator</i>
Terrance Bergen	<i>Communications Specialist</i>	Renee Martin	<i>Medical Coder/Billing Specialist</i>
Eric Bradley	<i>Deputy Health Director</i>	Heather Meador	<i>Clinical Services Supervisor</i>
Colin Brose	<i>Environmental Health Technician</i>	Donna Meyer	<i>Clerical Specialist</i>
David Burns	<i>Sr. Environmental Chemist</i>	Diane Midcalf	<i>Environmental Health Technician</i>
Anne Carter	<i>Health Equity Program Manager</i>	Chase Moffitt	<i>Sr. Environmental Health Specialist</i>
Mechelle Carter	<i>Application Support Analyst</i>	Katie Montague	<i>Licensed Practical Nurse</i>
Matthew Chervek	<i>Healthy Homes Specialist</i>	Sadie Nolan	<i>Public Health Nurse</i>
Anthony Daugherty	<i>Senior Air Quality Scientist</i>	Robin Nyberg	<i>Senior Environmental Chemist</i>
Shane Dodge	<i>Environmental Public Health Manager</i>	Ann Olson	<i>Lead Program Coordinator</i>
Matthew Dobler	<i>Environmental Health Specialist</i>	Jon Otto	<i>Environmental Chemist</i>
Amy Drahos	<i>Air Quality Branch Supervisor</i>	Tricia Peckosh-Rudin	<i>Public Health Nurse</i>
Dr. Pramod Dwivedi	<i>Health Director</i>	Ruby Perin	<i>Home and Water Quality Supervisor</i>
Kola Eiben	<i>Patient Advocate</i>	Jennifer Post	<i>Clerical Specialist</i>
Daniel Ellickson	<i>Environmental Chemist</i>	Nicole Pruchno	<i>Nurse Practitioner</i>
Kaitlin Emrich	<i>Assessment and Health Promotion Supervisor</i>	Robin Raijean	<i>Resource Coordinator</i>
Cindy Fiester	<i>Chronic Disease Program Coordinator</i>	Katie Reasner	<i>Senior Health Education Specialist</i>
Mary Hall	<i>Clerical Specialist</i>	Dr. Wanda Reiter Kintz	<i>Air Quality Branch Supervisor</i>
Andrea Hankemeier	<i>Air Quality Scientist</i>	Christine Rossi	<i>Epidemiologist</i>
Anna Herber-Downey	<i>HIV/HCT/STI Outreach Coordinator</i>	Sherri Schuchmann	<i>Senior Environmental Health Specialist</i>
Dustin Hinrichs	<i>Food, Aquatic Safety, Tattoo & Tanning Supervisor</i>	Angela Shafer	<i>Licensed Practical Nurse</i>
Larry Hlavacek	<i>Administration & Finance Manager</i>	Timothy Slothower	<i>Environmental Health Technician</i>
Dr. Amy Hockett	<i>Assessment and Health Promotion Supervisor</i>	Lori Smith	<i>Medical Assistant</i>
James Hodina	<i>Environmental Health Manager</i>	Alicia Steines	<i>Public Health Nurse</i>
Kim Honn	<i>Office Manager</i>	Julie Stephens	<i>Public Health Preparedness Specialist</i>
Sue Ellen Hosch	<i>Senior Environmental Health Specialist</i>	Karen Thornton	<i>Senior Environmental Health Specialist</i>
Jacqueline Ingabire	<i>Environmental Health Specialist</i>	Jia Timmerman	<i>Air Quality Scientist</i>
Jason Keener	<i>Air Permitting Engineer</i>	Vildana Tinjic	<i>Senior Environmental Health Specialist</i>
Mary Keiller	<i>Secretary</i>	Janell White	<i>Air Quality Scientist</i>
Jim Kelso	<i>Environmental Health Specialist</i>	Seth Zimmermann	<i>Environmental Chemist</i>

LCPH BRANCH UPDATES



AIR QUALITY

The Air Quality (AQ) Branch is responsible for enforcing the federal Clean Air Act, as well as state and local air quality regulations. This is done through permitting, compliance, and ambient air monitoring. The majority of funding for this work comes from a contract with the Iowa Department of Natural Resources (DNR), as well as facility and open burning permit fees.

PERMITTING

Linn County currently has 353 facilities with air permits and 2,487 emission points that require permits, as well as 15 Title V facilities. Title V facilities are those that have the potential to emit over 100 tons per year of any regulated pollutant. In FY22, AQ staff issued 100 authorization to install (ATI) and 121 permit to operate (PTO) permits.

COMPLIANCE & ENFORCEMENT

Compliance and enforcement include facility evaluations, source test observations, and open burn permitting.

Illegal burning, fugitive dust, odors, and other general complaints are also investigated. In FY22, 64 non-facility complaints were investigated, with 18 non-facility notice of violations completed.

AMBIENT AIR MONITORING

Criteria pollutant monitoring occurs through state and local air monitoring stations, with over 4,300 locations nationwide. Linn County Public Health maintains three network sites within the county. Criteria pollutants that are measured include particulate, ozone, toxics, and sulfur dioxide. The air quality index can be observed at linncleanair.org.

Linn County Public Health also has a variety of PurpleAir sensors, which are low-cost sensors that measure real-time particulate pollution (PM2.5) through light scattering of particles. These sensors are popular with the public due to cost, ease of use, and data availability.



ASSESSMENT & HEALTH PROMOTION

The Assessment and Health Promotion (AHP) Branch is responsible for a wide array of services both internally and externally for Linn County Public Health.

TOGETHER! HEALTHY LINN

Over the fall of 2021, AHP staff guided the development and implementation of the Community Health Assessment (CHA). Through this process, over 1,798 members of the community were engaged through community survey, sticker board voting at community events, informant interview, and focus group conversations to gain community perspective on the issues impacting the health of Linn County. Shared stories and perspectives were then paired with health and social data collected across 10 domains to drive decisions on the areas of greatest need for Linn County.

In March of 2022, the Together! Healthy Linn Steering Committee, who oversees implementation and strategic direction of the CHA-CHIP, reviewed the data collected through the 2021 CHA and selected the strategic priorities for the 2022 CHIP. Priorities included Mental Health, Food Security, Equitable Opportunities to be Physically Active, and Prevention of Gun Violence. Along with these priorities, the plan also includes cross-cutting issues of Housing and Transportation, which were interwoven across priority areas and throughout the stories shared by community members.

Strategic planning efforts are underway to identify goals, objectives, and strategies for each priority area. The CHIP is anticipated to be completed in the fall of FY23.

Visit, <https://www.linncountyiowa.gov/613/Reports-and-Publications>, for more information on the CHA results.

The primary mission of AHP is to *“improve health outcomes for Linn County residents, visitors, and surrounding communities through the utilization of data and collaboration with community partners to support the public health system by informing policy, system, and environmental changes”*.

We do so through leadership of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), facilitation of the care coordination collaborative - My Care Community; external engagement on cross-sector coalitions and workgroups, data analytics and sharing, and alignment of internal plans and processes to support agency performance improvement efforts.



CLINICAL SERVICES

Clinical staff completed 7,799 on-site clinic visits and 36,182 communicable disease investigations. 7,240 vaccines were given to 3,600 clients, including 2,364 COVID-19 immunizations.

OPERATION ALLIES WELCOME



Catherine McCauley Center accepted 300 Afghans into Eastern Iowa. Linn County Public Health completed the initial health exams for all newly arrived Afghans in Eastern Iowa as part of Operations Allies Welcome (OAW). To date, approximately 84,600 Afghan nationals, American citizens, and Lawful Permanent Residents have arrived in the U.S. as part of OAW, including more than 76,000 Afghan nationals who have now joined communities across the country. OAW is the coordinated effort across the federal government to support and resettle vulnerable Afghans, including those who worked on behalf of the U.S.

COMBATING COMMUNICABLE DISEASE

In July of 2021, Test Iowa and the State Hygienic Lab in Coralville launched a new project for home-based COVID-19 testing. Linn County Public Health became a pick-up site location. Test kits have been provided to medical clinics, pharmacies, and community partners throughout the fiscal year.

Clinical services added at home testing for sexually transmitted infections during this fiscal year. Improvements in screening rates for STIs can be achieved with home-based screening methods. Making low-cost home test kits available may encourage at-risk young individuals with less access to clinic care, who may not otherwise be screened, to self-test for sexually transmitted infections. For additional information about the STI program please see: <https://www.linncountyiowa.gov/593/Sexually-Transmitted-Infections>

Linn County Public Health received a grant to hire a second STI/HIV/Hep C outreach coordinator to provide partner services to persons diagnosed with, or exposed to, HIV and other STIs. This may include risk reduction counseling and education, linkage to medical care, referrals to other services, elicitation of sex or needle-sharing partners, and ensuring testing and treatment for identified partners.

Hepatitis C treatment was also added to clinical services this fiscal year. Hepatitis C continues to be a health issue for people who inject themselves with drugs (PWID). However, many primary care providers will not treat PWID. Linn County Public Health will be a safety net to ensure those who seek treatment are not denied due to previous drug use. Linn County Public Health will be the first health department in the state to offer this service.



Likewise, clinical services initiated a harm reduction program for people who inject drugs. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of PWID. In collaboration with Foundation 2, The Mental Health Access Center, the Iowa Harm Reduction Coalition, and Linn County Community Services, we are working to ensure that education, treatment options, Narcan, and supplies are available for PWID.



FOOD, AQUATIC SAFETY TATTOO & TANNING

In FY22, The Food, Aquatic Safety, Tattoo, and Tanning (FASTT) Branch completed 1,332 food safety inspections in Linn County and an additional 196 food safety inspections in Jones County.

In addition to food safety, FASTT staff also routinely inspect pool, tattoo, and tanning facilities in Linn and surrounding counties as contracted.

TOTAL ENVIRONMENTAL SAFETY INSPECTIONS



LINN COUNTY PUBLIC HEALTH LAB



Lab staff at Linn County Public Health support point of care testing for Clinical Services and services related to environmental health.

In FY22, Grants to Counties received a total of \$76,900. Those funds were used for 211 bacteria tests, 192 nitrates tests, 130 arsenic tests, 40 well plugs, and 3 well reconstructions.



HOME AND WATER QUALITY

The Home and Water Quality (HAWQ) Branch issued 99 new septic and 107 replacement septic installation permits, conducted 146 septic finals, reviewed 211 time of transfer inspections for home sales, issued 84 well permits, sampled 216 wells for the Grants to Counties program, and conducted 65 public water supply inspections.

LINKING LEAD LEVELS WITH DEVELOPMENTAL DELAY

In FY22, 148 Linn County children under the age of five tested with a high level of lead poisoning (out of 4,053 blood lead tests completed among this age-group). Childhood lead poisoning remains a health concern in the area. Our goal is to increase screening of children less than five years old for lead poisoning and developmental delays.

The HAWQ Branch partnered with HACAP First Five to present, *Linking Lead with Developmental Delay*. This presentation was geared toward local medical providers, with CMEs and CEUs offered. Lead causes a decrease in children's IQ, hearing, and growth - even at levels below 5ug/dl. In 2020, only 21.92% of children under six were screened and this number has only decreased alongside the COVID-19 pandemic. It is important to identify lead in children and also the impact lead has had on their development.

PER-AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This year the HAWQ Branch participated in PFAS sampling with the Iowa DNR through our grants to counties program. We sampled 6 wells surrounding suspect PFAS source. PFAS compounds have been widely used in firefighting foams, waterproof and stain-resistant products, and in manufacturing processes. These compounds are not easily broken down, so they persist in the environment, and can impact the health of those ingesting them. The US Environmental Protection Agency (EPA) has recently set health advisories for certain PFAS compounds. The best way to limit PFAS exposure in your drinking water is by replacing filters and replacing other parts as outlined by the manufacture. Filters are better at removing "long-chain" PFAS compared to "short-chain" PFAS and reverse osmosis outperforms activated carbon filters. Either way, routine maintenance remains important.

39 RESPONSES TO NUISANCE COMPLAINTS
19 DUMPSTERS PROVIDED AFTER NOTICE OF VIOLATION
25 PROPERTY MAINTENANCE INSPECTIONS PROVIDED
358 ENVIRONMENTAL LEAD CONTACTS
11 HEALTHY HOMES INSPECTIONS CONDUCTED

ADVANCING HEALTH EQUITY



In April of 2022, Linn County Public Health established the Health Equity Program Manager role to address structural barriers to health. Responsibilities include leading the development of strategies that foster a diverse, equitable, and inclusive department, through internal administration and external programs and initiatives. Creation of the role was, in part, a response to the Board of Health position statement from summer of 2020, which declared racism to be a public health crisis. An initial priority was workforce education, presented as the Building Health Equity (BHE) series. Launched in June of 2022, the three-month series was conducted through an Academic and Public Health Partnership with the University of Iowa College of Public Health (including the Institute for Public Health Practice).



The BHE series, required for all employees, acknowledged gaps in health outcomes in Linn County – by race, gender, socioeconomic status, and a variety of other factors. Those gaps detract from the Linn County Public Health vision to “Build A Healthier Linn County”. The series, a step toward effecting true change and establishing a health equity strategy to be adopted across the entire organization, was built around three goals:

- Establish the building blocks for a sustainable culture of health equity.
- Promote continued curiosity, learning and growth around health equity.
- Advocate for health equity at all levels within [the] organization and beyond.

As the second health department in Iowa to work with University of Iowa in this capacity, we had the benefit of customizing the content and delivery format to suit the needs of our workforce. There were four face-to-face discussions, with pre-work assignments accompanying each. Small group breakouts explored such topics as the socioecological model, life-expectancy by local census tracts, the Groundwater Approach, racism and other -isms, and transactional and transformational change. We also secured 8 CEUs for each team member with nursing credentials.

Next steps will focus on establishing strategic priorities within each Linn County Public Health branch and ensuring cohesiveness in those efforts. Integrating self-awareness with research-based solutions will remain core to our approach.

PREVENTING VIOLENCE AFFECTING YOUNG LIVES (PREVAYL)

In October of 2021, Linn County Public Health was awarded a 1.25 million dollar grant from the Centers for Disease Control and Prevention (CDC), Preventing Violence Affecting Young Lives (PREVAYL). The intent of PREVAYL is to set priorities and the foundation to address violence prevention over the 5-year life of the grant and beyond. Grant efforts are aligned with the work of ReSET CR and the Together! Healthy Linn strategic area "Prevention of Gun Violence". There are three components of focus:

- Implementation of the evidence-based, Group Violence Intervention (GVI) Strategy, including street outreach, connection of individuals to services, and partner development.
- Public Engagement and Education Campaign promoting available services and messages to reduce involvement in violent behavior.
- Evaluation and data sharing across partnering agencies to help inform violence prevention, community needs, and the impact of the work being done.

As with all community work, success of this initiative requires successful partnership and engagement across community partners and members. In December of 2021, Linn County Public Health established contracts with two key partners engaged in the GVI work through the ReSET CR coalition, Foundation 2 through street outreach and case coordination and Central City Development Corporation to lead community engagement and messaging. In year one of implementation, there were 104 individuals identified as high-risk for engagement in group violence reached through small group outreach (called custom notifications); 47 individuals accepted help to address ongoing social needs through case management.

DISPARITY AMONG SYPHILIS RATES

Syphilis diagnoses in Iowa are continuing to surge.

Provisional 2021 data indicate a nearly 60% increase in infectious syphilis cases compared to the previous year. The infection is also affecting a wider range of populations and geographic areas. Historically, syphilis has been concentrated in more urban areas of the state and largely among men. However, the number of diagnoses among women doubled within a year and rural areas are becoming increasingly affected. Of additional concern is among Black, Indigenous, and other persons of color where rates are rapidly increasing and disproportionately high.

Early 2022 data indicate these trends are continuing. Recent increases are being observed in northwest Iowa and among Indigenous communities. These trends highlight the effects of social determinants of health upon disease transmission. Early diagnosis and treatment greatly reduces the likelihood of complications and lessens community transmission. Linn County Public Health continues to offer testing on-site and at outreach locations in the community.

MY CARE COMMUNITY

My Care Community (MCC), a collaborative established to improve medical and social care coordination for our residents, was formed in 2016 in alignment with a State Innovation Model grant. Since inception, this work continues to successfully be implemented through three core components of the MCC initiative: the My Care Community Coalition, the Advisory Committee, and a technology platform that serves as our community information exchange. The secure technology platform used to improve community care coordination, allows otherwise disconnected organizations to send electronic referrals to one another, find community programs/resources, maintain a shared database, and document gaps in services to better support our residents' needs.

In the summer of 2021, MCC was notified that the technology platform being used would no longer be available for our area, which posed a direct challenge to the continuation of MCC's work. MCC leadership quickly shifted gears to identify a system that could support MCC's needs and help grow the initiative. After exploring various options, MCC's Advisory Committee made the decision to transition to Unite Us— a care coordination system, resource database, and integrated technology platform— that could help continue the work of delivering enhanced care coordination.

Transitioning to the new technology platform provided multiple opportunities to MCC's work and the ability to serve clients. One of the greatest successes in 2022 has been the rapid growth of our collaborative of healthcare, social service, and non-profit partners. After transitioning existing MCC partners to Unite Us in the last 6 plus months, MCC staff then worked to rapidly onboard new community-based organizations. The number of organizations on the technology system that can now receive and send referrals increased from 26 prior to transition to over 70 in 2022.

This growth was supported by the new technology system, which reduced financial barriers that previously hindered smaller organizations from easily joining, as well as increased personalized outreach to organizations by MCC staff.

With the transition to Unite Us, MCC is no longer geographically limited in their service area and has been able to expand to support clients and organizations needing referrals or resources outside of the Linn County area. This has allowed more opportunities to better support our residents and partner organizations that provide services throughout the Eastern Iowa region. With the continued guidance of our Advisory Committee, MCC will continue to adapt to the community's needs, grow partnerships, increase utilization of the technology, and maintain the financial well-being of My Care Community.

The successful transition from one technology system to another and growth of our collaborative has enabled providers to continue to send and receive secure electronic referrals, securely support clients' needs, track community health outcomes, and reduce the client's burden of navigating a fragmented health and social service system.

Please visit the site below for information about MCC:

www.mycarelinnco.org.



FINANCIAL REPORTS

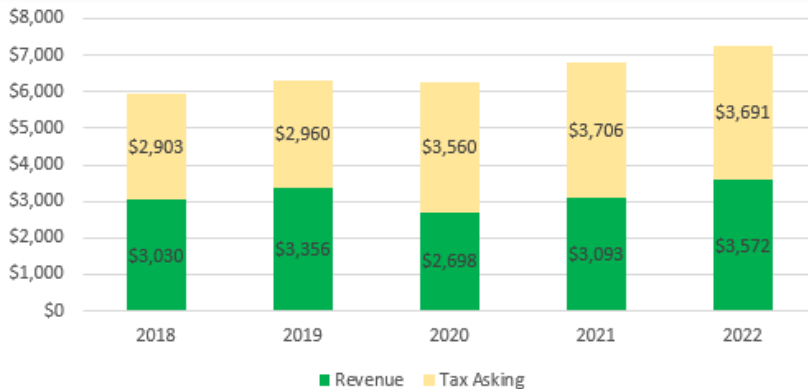


ADMIN & FINANCE

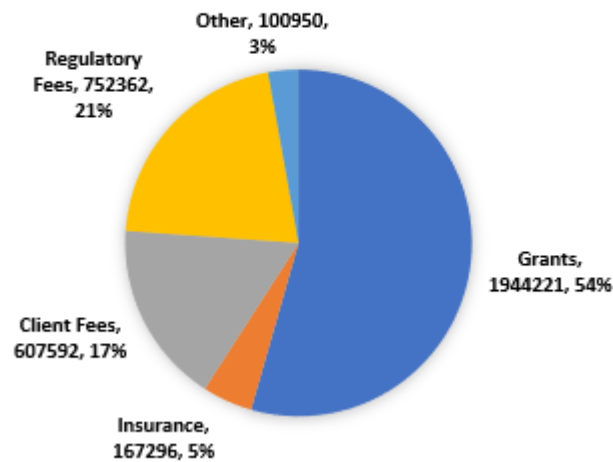


Financial reports for FY22 are shown below. The year-end budget was \$7,263,666, which included \$3,691,245 of local tax dollars.

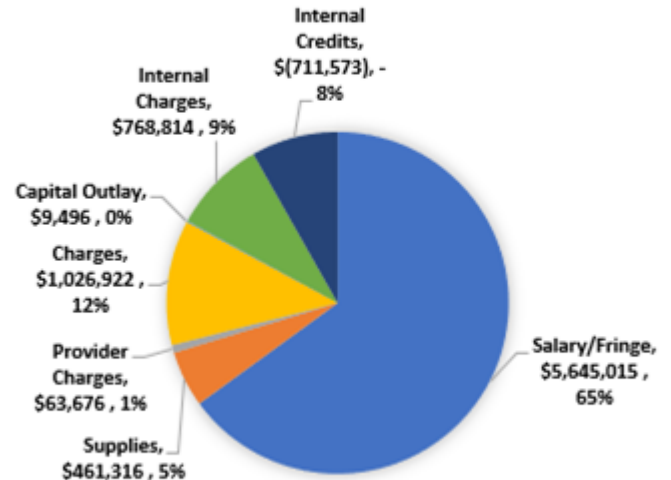
FIVE YEAR BUDGET HISTORY (thousands \$)



YTD REVENUE



YTD EXPENDITURE



REVENUE

State (no Fed pass-through)	\$ 273,418	7.65%
Fed pass through by State	\$ 1,670,803	46.77%
Patient Fees	\$ 242,302	6.78%
Regulatory Fees	\$ 752,362	21.06%
Private Foundations	\$ 100,950	2.83%
Private Insurance	\$ 167,296	4.68%
Non-Clinical Fees & Fines	\$ 365,290	10.23%
TOTAL	\$ 3,572,421	100.00%

EXPENDITURES

Salary/Fringe	\$ 5,645,015	77.72%
Supplies	\$ 461,316	6.35%
Provider Charges	\$ 63,676	0.88%
Charges	\$ 1,026,922	14.14%
Capital Outlay	\$ 9,496	0.13%
Internal Charges	\$ 768,814	10.58%
Internal Credits	\$ (711,573)	-9.80%
TOTAL	\$ 7,263,666	100.00%



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